PTO/SB/21 (07-06)

3-8-01

Date

Approved for use through 09/30/2006. OMB 0851-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons tion unless it displays a valid OMB control number Application Number 10/701.882 TRANSMITTAL Filing Date First Named Inventor FORM Colin Ford Art I Init 3728 **Examiner Name** Luong, Shian Tinh Nhan (to be used for all correspondence after initial filing) Attorney Docket Number R029 1380 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC V Drawing(s) Fee Transmittal Form Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer Extension of Time Request helow). Part B - Fee(s) Transmittal Request for Refund Express Abandonment Request CD. Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Womble Carlyle Sandridge & Rice, PLLC Signature Printed name C. Keith Montgomery Date Reg. No. 45.254 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being efs-web transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature and West

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 11.4. This collection is estimated to 2 hours to complete, including agentancy, presently, and submitting the completed application from the USPTO. Time will vary depending upon the information of the amount of time you require to complete this form and/or suggestions for reducing this burder, should be sent to the Chief Information Chief. Sent Techniques (1.2). Expenditure of Commerce, P.O. Sent Vetta (450, Alexandies, Vet. 22315-1452. DON TSRD PEES OF COMMERCE PORTIONS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Cheryl West

Typed or printed name

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|---|-----------------------------|----------------------------|-----------|-------------------------------|-------------------------------|-----------------------------|--------------------------|
| FEE TRANSMITTAL For FY 2006                             |                             |                            |           | Application Number 10/701,882 |                               |                             |                          |
|   |                             |                            |           | Filing Date                   |                               | 1/05/2003                   |                          |
|   |                             |                            |           | First Named In                | t Named Inventor   Colin Ford |                             |                          |
| <b>—</b>  | -                           | Examiner Nam               | e L       | Luong, Shian Tinh Nhan        |                               |                             |                          |
| TOTAL AMOUNT OF PAYMENT (\$) 1730.00                    |                             |                            |           | Art Unit                      |                               | 3782                        |                          |
|   |                             |                            |           | Attorney Docket No. R029 1380 |                               |                             |                          |
| METHOD OF PAYMEN  | T (check all                | that apply)                |           |                               |                               |                             |                          |
| Check Credit C  | Card                        | Money Order                | No        | ne Other (                    | please identi                 | ify):                       |                          |
| Deposit Account   | eposit Accoun               | t Number:09-0              | 528       | Deposit A                     | ccount Name                   | : Womble Carlyl             | e Sandridge & Rice, PLLC |
| For the above-identi                                    | fied deposit :              | account, the Direct        | or is he  | reby authorized to            | : (check all                  | I that apply)               |                          |
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| Charge any a  | dditional fee               | (s) or underpayme          | nts of fe | ee(s) Cred                    | it any overp                  | navments                    |                          |
| under 37 CFF<br>Under 37 CFF                            | R 1.16 and 1. s form may be | 17<br>scome public. Credit | t card in |                               | , ,                           | •                           | Provide credit card      |
| nformation and authorization                            | on PTO-2038                 |                            |           |                               |                               |                             |                          |
| FEE CALCULATION (A                                      | II the fees                 | below are due i            | upon f    | iling or may be               | subject 1                     | to a surcharge              | ).)                      |
| . BASIC FILING, SEAF                                    |                             |                            |           |                               |                               |                             |                          |
|   | FILING FEES<br>Small Entity |                            | SEA       | SEARCH FEES<br>Small Entity   |                               | NATION FEES<br>Small Entity |                          |
| Application Type  | Fee (\$)                    | Fee (\$)                   | Fee (     | S) Fee (\$)                   | Fee (\$                       | Fee (\$)                    | Fees Pald (\$)           |
| Utility   | 300                         | 150                        | 500       | 250                           | 200                           | 100                         |                          |
| Design  | 200                         | 100                        | 100       | 50                            | 130                           | 65                          |                          |
| Plant   | 200                         | 100                        | 300       | 150                           | 160                           | 80                          |                          |
| Reissue   | 300                         | 150                        | 500       | 250                           | 600                           | 300                         |                          |
| Provisional   | 200                         | 100                        | 0         | 0                             | 0                             | 0                           |                          |
| 2. EXCESS CLAIM FEI                                     | S                           |                            |           |                               |                               | Fee (\$)                    | Small Entity             |
| Fee Description Each claim over 20 (including Reissues) |                             |                            |           |                               |                               |                             | Fee (\$)<br>25           |
| Each independent claim over 3 (including Reissues)      |                             |                            |           |                               |                               |                             | 100                      |
| Multiple dependent claims                               |                             |                            |           |                               |                               |                             | 180                      |
| Total Claims  | Extra Clair                 | ns Fee (\$)                | Fe        | e Paid (\$)                   |                               | Multiple D                  | ependent Claims          |
| 20 or HP =  |                             | _ x                        |           |                               |                               | Fee (\$)                    | Fee Paid (\$)            |
| HP = highest number of tota<br>Indep. Claims            | Extra Clair                 |                            | Fo        | e Paid (\$)                   |                               |                             |                          |
| - 3 or HP =   | LXII OIAII                  | X 100.101                  | =         | e i alu (4)                   |                               |                             |                          |
| HP = highest number of inde                             |                             | s paid for, if greater th  | nan 3.    |                               |                               |                             |                          |
| B. APPLICATION SIZE<br>If the specification and         | FEE                         |                            |           | man (avaludina                | alaatrania                    | ally filed seem             | anaa or aammutar         |
| lietings under 37 C                                     | FD 1 52(a)                  | the application            | eizo f    | aper (excluding               | \$125 for e                   | any med sequi               | r each additional 50     |
| sheets or fraction th                                   | ereof See                   | 35 11 S.C. 41(a)           | VIVG      | and 37 CFR 1                  | 16(e)                         | man energy to               | cucii uddicionai 50      |
| Total Sheets  | Extra She                   | ets <u>Numbe</u>           | r of ea   | ch additional 50              | or fraction                   |                             | e (\$) Fee Paid (\$)     |
| 100 =   |                             | / 50 =                     |           | (round up to a                | whole num                     | ber) x                      |                          |
| . OTHER FEE(S)  Non-English Specifi                     | cation. \$1                 | 30 fee (no small           | l entity  | discount)                     |                               |                             | Fees Paid (\$)           |
| Other (e.g., late filin                                 | g surcharge                 | ): issue fee (1400         | ); publi  | cation fee (300); a           | dvance co                     | py fee (30)                 | 1730.00                  |
| BMITTED BY  |                             |                            |           |                               |                               |                             |                          |
|   | Mtres                       |                            |           | Registration No.              | 4E 0E 4                       | Telenh                      | one 404-879-2443         |
| gnature (   | · / when                    | _                          |           | (AH                           | 40 /54                        | relepin                     | 4U4-0/9-2443             |

Name (Print/Type) C. Keith Montgomery This collicition of Information is required by 27 CFF, 138. The information is required to obtain or retire in benefit by the splits which is to fit fact by the LUSPTO approach of the property of the proper

Date

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